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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/855,741
		Filing Date	May 16, 2001
		First Named Inventor	CONZONE et al.
		Examiner Name	F. Assaf
Group / Art Unit		2872	
TOTAL AMOUNT OF PAYMENT (\$)		390	
Attorney Docket No.		BKRAM 1P1	

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 13-3402 Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					3. ADDITIONAL FEES				
2. <input type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
1001	750	2001	375	Utility filing fee					
1002	330	2002	165	Design filing fee					
1003	520	2003	260	Plant filing fee					
1004	750	2004	375	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)									
2. EXTRA CLAIM FEES									
Total Claims 57 -50** = 7 X 18 = 126									
Independent Claims 4 -3** = 1 X 84 = 84									
Multiple Dependent X = 0									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
1202	18	2202	9	Claims in excess of 20					
1201	84	2201	42	Independent claims in excess of 3					
1203	280	2203	140	Multiple dependent claim, if not paid					
1204	84	2204	42	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)									
**or number previously paid, if greater; For Reissues, see above									
					Other fee (specify) INFORMATION DISCLOSURE STATEMENT 180				
					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 180				

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Harry B. Shubin	Registration No. Attorney/Agent)	32,004	Telephone	(703) 812-5306
Signature				Date	April 2, 2003

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